

In re **Mariusz Zalewski,  
Agnieszka Kaminska**

Case No. **08-23442**

Debtors

## AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>us 11060X-xxxxx</b>  <b>Aetna</b> <b>P.O Box 7247-6017</b> <b>Philadelphia, PA 19170-6017</b>		<b>J</b>				<b>X</b>	<b>550.03</b>
Account No. <b>6035263007xxxxxx</b>  <b>Bombay CMPY/CBSD</b> <b>541 Sid Martin Rd</b> <b>Gray, TN 37615-6210</b>		<b>J</b>				<b>X</b>	<b>89.00</b>
Account No. <b>5121xxxxxxxxxxxxxx</b>  <b>CBUSA/SEARS</b> <b>PO Box 6924</b> <b>The Lakes, NV 88901</b>		<b>J</b>				<b>X</b>	<b>6,504.00</b>
Account No. <b>50499xxxxxx</b>  <b>CBUSASEARS</b> <b>8725 W.Sahara Ave.</b> <b>The Lakes, NV 89163</b>		<b>J</b>				<b>X</b>	<b>4,496.00</b>
Subtotal (Total of this page)							<b>11,639.03</b>

5 continuation sheets attached

In re **Mariusz Zalewski,  
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**AMENDED**

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>767113111xxxxxxx</b>	<b>J</b>					<b>X</b>	<b>574.00</b>
<b>CHASE PO BOX 15919 Wilmington, DE 19850</b>							
Account No. <b>430587xxxxxxx</b>	<b>J</b>					<b>X</b>	<b>5,135.00</b>
<b>CHASE PO BOX 15298 Wilmington, DE 19850</b>							
Account No. <b>282472xxxx</b>	<b>J</b>					<b>X</b>	<b>20.00</b>
<b>Chase Auto Finance 14800 Frye Road Fort Worth, TX 76155</b>							
Account No. <b>54016830xxxx</b>	<b>W</b>					<b>X</b>	<b>9,905.00</b>
<b>Chase BP Private Label PO Box 15298 Wilmington, DE 19850</b>							
Account No. <b>58896xxxxxxxxxx</b>	<b>J</b>					<b>X</b>	<b>121.00</b>
<b>Chase-Pier1 201 N.Walnut St Wilmington, DE 19801</b>							
Subtotal (Total of this page)							<b>15,755.00</b>

Sheet no. 1 of 5 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

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**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 4104140018xxxxxx	J					X	4,368.00
Chase/Circuit City 225 Chastain Meadows Ct NW Kennesaw, GA 30144-5841							
Account No. 6035xxxxxxx8176	J					X	10,000.00
CITI PO BOX 45165 Jacksonville, FL 32232							
Account No. 4621205xxxxxxxxxxxxxx	J					X	76.00
Citibank POB 15687 Wilmington, DE 19850							
Account No. 60353200xxxxxxxxxxxxxx	J					X	10,001.00
Citibank USA NA Pencader Corp Ctr 110 lake Dr Newark, DE 19702-3317							
Account No. 021615671xxxxxxx	J					X	3,122.20
Geico one geico blvd Fredericksburg, VA 22412							
Subtotal (Total of this page)							27,567.20

Sheet no. 2 of 5 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

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**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. <b>798192xxxxxx</b>						
<b>GEMB/Lowes PO Box 981400 El Paso, TX 79998</b>	<b>J</b>				<b>X</b>	<b>1,614.00</b>
Account No. <b>02090417xxxx</b>						
<b>GMAC 2740 ARTHUR ST Saint Paul, MN 55113</b>	<b>J</b>				<b>X</b>	<b>2,872.00</b>
Account No. <b>020-9079xxxxx</b>						
<b>GMAC 2740 ARTHUR ST Saint Paul, MN 55113</b>	<b>J</b>		<b>X</b>		<b>X</b>	<b>21,059.00</b>
Account No. <b>155xxxxx</b>						
<b>Good Samaritan Hospital 255 Lafayette ave Suffern, NY 10901</b>	<b>J</b>				<b>X</b>	<b>416.00</b>
Account No. <b>171601-1103xxxxxx</b>						
<b>Household Bank/Seamans 90 Chrisiana Road New Castle, DE 19720-3118</b>	<b>J</b>				<b>X</b>	<b>3,915.00</b>
Sheet no. <b>3</b> of <b>5</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>29,876.00</b>

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**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>1029xxxxxxx</b>							
<b>Hudson Health Plan Inc Gneral Post office P.O Box 30929 New York, NY 10087-0929</b>		<b>J</b>				<b>X</b>	<b>148.44</b>
Account No. <b>601859520xxxxxx</b>							
<b>MCCBG/GAP Branch C10T, PO Box 29116 Shawnee Mission, KS 66201</b>		<b>J</b>				<b>X</b>	<b>598.00</b>
Account No. <b>3021XXXXXX</b>							
<b>Northeastern Anaesthesia 43 Kensico Dr 2d Fl Mount Kisco, NY 10549</b>		<b>J</b>				<b>X</b>	<b>610.00</b>
Account No. <b>80753-48013xxxxx</b>							
<b>Pike Country Light &amp; Power Co Rockland Electric company P.O Box 1005 Spring Valley, NY 10977</b>		<b>J</b>				<b>X</b>	<b>508.52</b>
Account No. <b>TE1 001579xxxxxxx</b>			<b>08/09/07,08/008/07,08/09/07</b>				
<b>Quest Diagnostics PO Box 64196 Baltimore, MD 21264</b>		<b>J</b>				<b>X</b>	<b>1,196.78</b>
Sheet no. <b>4</b> of <b>5</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>3,061.74</b>

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**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM					
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.									
Account No. <b>1716xxxxx6864</b>	<b>J</b>				<b>X</b>	<b>3,642.00</b>					
<b>Retail Services PO Box 17602 Baltimore, MD 21297</b>											
Account No. <b>52-8184-326</b>	<b>H</b>				<b>X</b>	<b>3,122.00</b>					
<b>State Farm Mutual Automobile PO Box 8014 Ballston Spa, NY 12020</b>											
Account No. <b>250354</b>	<b>J</b>				<b>X</b>	<b>1,177.00</b>					
<b>Tutionprogram Inc 184 S Livingston Ave Livingston, NJ 07039</b>											
Account No. <b>048235351800001xxxxxxxxxx</b>	<b>J</b>				<b>X</b>	<b>501.18</b>					
<b>Verizon P.O.Box 15124 Albany, NY 12212-5124</b>											
Account No. <b>42544926xxxxxxxxxx</b>	<b>J</b>				<b>X</b>	<b>14,481.00</b>					
<b>Washmtl/Prov POB 660509 Dallas, TX 75266</b>											
Sheet no. <b>5</b> of <b>5</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>22,923.18</b>					
Subtotal (Total of this page)						<b>22,923.18</b>					
Total (Report on Summary of Schedules)						<b>110,822.15</b>					